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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attor	ney Docket No.	LS/0024.00	12 17
First	Inventor	Egli	J.
Title	System and Metho Multiple Dispara	odology for Delivering Media ate Client Devices Based on	to Their

PTO/SB/05 (08

(Only for new nonprovisional applications under 37 CFR 1.53(b))

(Only for new nonprovision	onal applicatio	ns under 37 CFR 1.53((b))	Expres	s Mail	Label No	EF4	1468691	1US	
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See 37 CFR 1.27		10		(if	applicab	le, all neces	ssary)	a Ocquerio	5 Gubini33(01)	
3. X Specification (preferred arrangement)	nt set forth below)	al Pages 53]		a.		mputer Rea		•	=)	
- Descriptive title - Cross Referen				b.	b. Specification Sequence Listing on:					
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 Reference to service or a computer 					i i.□	paper				
 Background of 	the Invention	- ,,		C.	Sta	atements ve	rifying	identity of	above copies	
- Brief Summan - Brief Description					ACCO	MPANYIN	IG AI	PPLICAT	TION PARTS	
 Detailed Descr 		migo ų mouj		9.					t & document(s)	*****
- Claim(s) - Abstract of the	Disclosure			10.	一 37 (CFR 3.73(b) State	ement [Power of Attorney	,
4. X Drawing(s) (35 L	J.S.C. 113)	[Total Sheets 6]		11.	_ `			,	if applicable)	
5. Oath or Declaration	•					ormation Dis			Copies of II	DS
a. Newly executed (original or copy)			13.	Granding (120)/1 10 1440						
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)				14.	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
		VENTOR(S) d deleting inventor(s)		15.	Constitued Community Defaults December 14.3					
named in	the prior applica	tion, see 37 CFR		1 7	1.0 [12]					
_ []	and 1.33(b).			10.	<u> </u>	her: Exp	endix	A	LILICALE	
6. X Application Data Sheet. See 37 CFR 1.76										
17. If a CONTINUING APPLI or in an Application Data Sho	che, ICATION Act under 37	ck appropriate box, and	d supply	the requ	uisite info	rmation be	low an	d in a prelii	minary amendme	ent,
Continuation	Divisional	Continuation-in-part	(CIP)	C	of pnorapp	lication No.:				
Prior application information:	Examine		_		Group / A	rt Unit				
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Name	John A.	Smart						· · · · · · · · · · · · · · · · · · ·		
Address	708 Bloss	som Hill Rd., #2	201				-	-		
City	Los Gatos			State	CA		Ï	Zip Code	95032-3503	3
Country	U.S.A.		Telepi	hone	(408)	395-881	9	Fax	(408) 490-2	853
Name (Driet Terre)	Tohn 3	· · · · · · · · · · · · · · · · · · ·							14 000	eg
Name (Print/Type)	John A. S	omart		Reg	istration	No. (Atto	rney/A	lgent)	34,929	
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 928.00

Complete if Known			
Application Number			
Filing Date			
First Named Inventor	Egli		
Examiner Name	Unassigned		
Group Art Unit	Unassigned		
Attorney Docket No.	LS/0024.00		

METHOD OF PAYMENT	FEE CALCULATION (continued)
1. X The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Small
Deposit Account Number 501386	Entity Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)
Deposit Account	105 130 205 65 Surcharge - late filing fee or oath
Name L Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet
X Applicant claims small entity status.	139 130 139 130 Non-English specification
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination
2. Payment Enclosed: Check Credit card Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month
Large Entity Small Entity	116 400 216 200 Extension for reply within second month
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month
Code (5) Code (5)	118 1,440 218 720 Extension for reply within fourth month
370.00	128 1,960 228 980 Extension for reply within fifth month
106 330 206 165 Design filing fee	119 320 219 160 Notice of Appeal
107 510 207 255 Plant filing fee	120 320 220 160 Filing a brief in support of an appeal
108 740 208 370 Reissue filing fee	121 280 221 140 Request for oral hearing
114 160 214 80 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 370.00	140 110 240 55 Petition to revive - unavoidable
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional
Fee from Extra Claims below Fee Pai	
Total Claims 82 -20** = 62 X 9.00 = 558.00	143 460 243 230 Design issue fee
Independent 3 - 3** = 0 X 42.00 = 0.00	144 620 244 310 Plant issue fee
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner
	123 50 123 50 Processing fee under 37 CFR 1 17(q)
Large Entity Small Entity	126 180 126 180 Submission of Information Disclosure Stmt
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per
103 18 203 9 Claims in excess of 20	property (times number of properties)
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)
and over original patent	169 900 169 900 Request for expedited examination
SUBTOTAL (2) (\$) 558.00	Of a design application Other fee (specify)
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	John A. Smart	Registration No. (Attorney/Agent)	34,929	Telephone	(408) 395-8819
Signature	Smart		(Here	Date	11/08/2001

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD LS/0024.00 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA FEE RATE FEE FOR NUMBER FILED RATE BASIC FEE 370.00 OR (37 CFR 1.16(a)) TOTAL CLAIMS 558.00 OR minus 20 = 62 $x^{9.00} =$ (37 CFR 1.16(c) INDEPENDENT CLAIMS 0 0.00 OR 3 minus 3 = x42.00 == (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT 0.00 OR +L40.0(= = 928.00 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** = Minus (37 CFR 1.16(c)) OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) ADDI-ADDI-**CLAIMS** HIGHEST REMAINING PRESENT NUMBER RATE TIONAL TIONAL **RATE** AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** = x \$_ Minus (37 CFR 1.16(c)) OR *** Independent = Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** = x \$ Minus (37 CFR 1.16(c)) OR Independent *** = Minus (37 CFR 1.16(b)) OR (37 CFR 1 16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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